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PTO/SB/21 (04-07)

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Date

March 26, 2008

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/797.094 TRANSMITTAL Filing Date Mar 11, 2004 **FORM** First Named Inventor Yeh, Tzong In Art Unit 3617 (to be used for all correspondence after initial filing) **Examiner Name** Lars'A. Olson Total Number of Pages In This Submission Attorney Docket Number 4637/0125PUS1 **ENCLOSURES** (Check all that apply) After Allowance communication to (TC) Fee Transmittal Form Drawing(s) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC Amendment / Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Change of Correspondence Address Affidavits/declaration(s) Status Letter Other Enclosure(s) (please identify Extension of Time Request Terminal Disclaimer below): **Express Abandonment Request** Request for Refund Information Disclosure Statement CD, Number of CD(s) Landscape Table on CD Certified Copy of Priority Document(s) Remarks Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Muncy, Geissley, Olds & Lowe, PLLC Signature Printed name Joe McKinney Munc Date 32334 March 26, 2008 Reg. No. CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Signature

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| Application Number     | 10/797,094    |
|------------------------|---------------|
| Filing Date            | 03-11-2004    |
| First Named Inventor   | Tzong in Yeh  |
| Art Unit               | 3617          |
| Examiner Name          | OLSON, LARS A |
| Attorney Docket Number | 4637/0125PUS1 |

| I hereby revoke all previous powers of attorney given in the above-identified application.   |  |       |                          |  |  |      |            |  |  |
|--|--|-------|--------------------------|--|--|------|------------|--|--|
| A Power of Attorney is súbmitted herewith.   |  |       |                          |  |  |      |            |  |  |
| OR I hereby appoint  | point the practitioners associated with the Customer Number: 60601 |       |                          |  |  | 0601 |            |  |  |
| Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  60601   |  |       |                          |  |  |      |            |  |  |
| OR Firm Of Marroy Gelecter Olds 2 Louis PLC  |  |       |                          |  |  |      |            |  |  |
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| I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  |  |       |                          |  |  |      |            |  |  |
| SIGNATURE of Applicant or Assignee of Record   |  |       |                          |  |  |      |            |  |  |
| Signature dela   |  |       |                          |  |  |      |            |  |  |
| Name Tzong In Yelv   |  |       |                          |  |  |      |            |  |  |
| Date   |  |       | lephon                   |  |  |      |            |  |  |
| NOTE: Signatures of all the inventors or assignates of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below: |  |       |                          |  |  |      |            |  |  |
| Total offorms are submitted.   |  |       |                          |  |  |      |            |  |  |

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Application No. 10/797,094

Docket No. 4637/0125PUS1

## CERTIFICATE OF SERVICE

The undersigned hereby certifies that on March 26, 2008, a true copy of the Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address was served on Clement Cheng by first class mail, postage prepaid, to:

Clement Cheng LAW OFFICE OF CLEMENT CHENG 17220 Newhope Street, Suite 127 Fountain Valley, CA 92708

Date: March 26, 2008